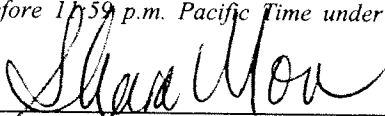


PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
SUPPLEMENTAL AMENDMENT  
TRANSMITTAL LETTER**

*I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office on February 15, 2008 at or before 1:59 p.m. Pacific Time under the Rules of 37 CFR § 1.8.*

  
\_\_\_\_\_  
Sharon Y. Moore

Applicant : Daniel Kwoh  
Application No. : 10/757,637  
Filed : January 13, 2004  
Title : SCHEMES FOR RATING CRUISES

Confirmation No. 4667

Grp./Div. : 3628  
Examiner : Nelson, Frieda Ann

Docket No. : 50843/E327

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
February 15, 2008

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED                                                                                                                                                                                                                                     |                                           |                               |                           |                      |                      |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|---------------------------|----------------------|----------------------|-----|
|                                                                                                                                                                                                                                                       | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Paid For | Number<br>Extra<br>Claims | Small Entity<br>Rate | Large Entity<br>Rate | FEE |
| Total Claims Fee                                                                                                                                                                                                                                      | 20                                        | *23                           | 0                         | 0 x \$25.00          | 0 x \$50.00          | 0   |
| Independent Claims                                                                                                                                                                                                                                    | 3                                         | ** 4                          | 0                         | 0 x \$105.00         | 0 x \$210.00         | 0   |
| Multiple Dependent<br>Claims ***                                                                                                                                                                                                                      |                                           |                               |                           | \$185.00             | \$370.00             | 0   |
| TOTAL FILING<br>FEE                                                                                                                                                                                                                                   |                                           |                               |                           |                      |                      | 0   |
| NO ADDITIONAL<br>FEE REQUIRED                                                                                                                                                                                                                         | IF NO FEE REQUIRED, INSERT "0"            |                               |                           |                      |                      | 0   |
| LIST INDEPENDENT CLAIMS: 1, 10 and 16                                                                                                                                                                                                                 |                                           |                               |                           |                      |                      |     |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3<br>** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3<br>*** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST<br>TIME |                                           |                               |                           |                      |                      |     |

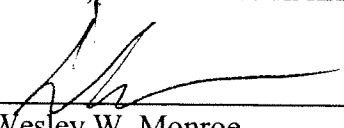
**Amendment Transmittal Letter**  
**Application No. 10/757,637**

\_\_\_\_\_ Attached is our check for \$ to pay the fees calculated above.  
\_\_\_\_\_ A Petition for Extension of Time and the required fee are enclosed.  
\_\_\_\_\_ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By   
Wesley W. Monroe  
Reg. No. 39,778  
626/795-9900

WWM/sym

SYM PAS779427.1-\* -02/15/08 10:31 AM